

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 8, 2004

0971S629

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|--------------|--------------------------|
| TOTAL CLAIMS | | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | minus 20 = | |
| INDEPENDENT CLAIMS | minus 3 = | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

| SMALL ENTITY TYPE | OTHER THAN SMALL ENTITY |
|-------------------|-----------------------------------|
| RATE | Fee |
| BASIC FEE | |
| X\$ = | |
| X = | |
| + = | |
| TOTAL | <input type="checkbox"/> OR TOTAL |

* If the difference in column 1 is less than zero, enter "0" in column 2

9/27/05 CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------|------------------------------------|
| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * 6 | Minus | ** 20 = |
| Independent | * 2 | Minus | *** 4 = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| SMALL ENTITY | OTHER THAN SMALL ENTITY |
|------------------|--|
| RATE | ADDITIONAL FEE |
| X\$ = | |
| X = | |
| + = | |
| TOTAL ADDIT. FEE | <input type="checkbox"/> OR TOTAL ADDIT. FEE |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------|------------------------------------|
| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * Minus | ** | = |
| Independent | * Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|------------------|--|
| X\$ = | |
| X = | |
| + = | |
| TOTAL ADDIT. FEE | <input type="checkbox"/> OR TOTAL ADDIT. FEE |

| | (Column 1) | (Column 2) | (Column 3) |
|---|----------------------------------|------------|------------------------------------|
| AMENDMENT | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR |
| Total | * Minus | ** | = |
| Independent | * Minus | *** | = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> | | | |

| RATE | ADDITIONAL FEE |
|-------|----------------|
| X\$ = | |
| X = | |
| + = | |